

FOR CLIENT USE ONLY. Please complete the following survey. The survey is voluntary and your answers will remain confidential. Your response will help us learn how helpful the information is to you that we give about the “ABCD” way to prevent HIV. If you choose not to answer any, please check the box at the bottom of the survey. **If you received information about the “ABCD” way to prevent HIV for the first time today, please answer the following two questions. If you heard about the “ABCD” way to prevent HIV before today, skip ahead and answer questions 3 and 4 only.**

1. Do you understand the “ABCD” way to prevent you from getting HIV? Please tell us if you understand:

Abstinence (A)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Be Faithful (B)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Use Condoms(C)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Don't Share Needles (D)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

2. Are you planning on doing one or more of the following (please check one answer for each statement):

Abstain from vaginal, anal, and oral sex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Be faithful to my sexual partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Use condoms correctly every time I have sex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Not sharing needles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

-----**Stop here if you answered questions 1 and 2.**-----

If you received information about the “ABCD” way to prevent you from getting HIV before today, please answer the following two questions.

3. Since your last visit, have you tried to do any of the following (please check one answer for each statement):

Abstaining from vaginal, anal, and oral sex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Apply
Being faithful to my sexual partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Apply
Using condoms correctly every time I have sex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Apply
Not sharing needles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Apply

4. If you tried to do one or more of the above and you think you were not successful, please tell us the reason or reasons (please check all that apply below):

Abstaining (A)

- ☐ Abstinence is not for me
- ☐ I got married/entered a new relationship
- ☐ I'm not sure how abstinence protects me from STDs/HIV
- ☐ I feel pressure to have sex

Using Condoms (C)

- ☐ Condoms are not for me
- ☐ I am trying to or wouldn't mind getting pregnant
- ☐ I'm not sure how condoms protect me from STDs/HIV
- ☐ I have cultural/religious reasons

Other Reasons

- ☐ I forgot about the ABCD method
- ☐ I was forced to have sex.

Being Faithful (B)

- ☐ Being faithful is too hard
- ☐ I am not married/in a committed relationship
- ☐ I'm not sure how being faithful protects me from STDs/HIV
- ☐ Having more than one partner is okay with me.

Not Sharing Needles/Syringes (D)

- ☐ It's hard to have clean needles/syringes all the time
- ☐ I don't know where to get clean needles/syringes
- ☐ I am unsure how not sharing needles protects me from STDs/HIV
- ☐ Sometimes I run out of clean needles/syringes

- ☐ ABCD method is hard to do when I drink/get high

☐ Other reason? (Please indicate): _____

☐ I choose not to complete the survey